

## 2021 TENANT WORKSHEET FOR THE MARYLAND ASSISTED HOUSING RELIEF PROGRAM

The following information must be inputted into the application portal for each household. This worksheet can be used to collect information prior to online submission. It is for property records only and is not required to be submitted with the online application.

Property Inform	nation							
Unit Address		Street Unit #			MD			
Primary Tenant Legal Name (must match nam		ı	Onit i		City	State	Zip	
Date of Birth (MM/DD/YYYY)								
Phone (XXX) XXX	VVVV							
Email								
Gender (Circle One)	Male	Female	Trans Male	Trans Femal	Non-	Client Doesn't Know	Client Refused	
Ethnicity (Circle One)	Hispanic/Latino		Non-Hispanic/Non- Latino		Client Doesn't Knov	v Clien	Client Refused	
Race (Circle One)	DIdCK/AITICAIT-		White		Asian		American Indian/Alaskan Native	
	Multiracial: American Indian/Alaskan Native & White		Multiracial: Asian & White		Multiracial: Black/African- American & White	Indian/Al & Blad	Multiracial: American Indian/Alaskan Native & Black/African American	
	Other Multiracial		Client Doesn't Know		Client Refused			
Subpopulation (Circle All That Apply)	Elderly (62 a older)	nd	Disabled	Homele	ess Veter	ran You	th (under 25)	
Has an unlawful of If yes, Date petition File (MM/DD/YYYY) Next Court Hearin (MM/DD/YYYY)	d	n been file	d for this tenant wi	ith in the	past year?	Yes	No	

## **Household Information**

**Number of Persons in Household** 

**Total Household Income** 

Note: Income must be below 80% of Statewide AMI based on Household Size

to be eligible for the AHRP

			Statewide	Income Li	mits			
Household Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8+ People
80% of AMI	\$55,950	\$63,900	\$71,900	\$79,900	\$86,300	\$92,700	\$99,100	\$105,450

Was household income verified for calendar year 2020 using paystubs, W-2s, fax filings, bank statements, or attestation from an employer?

Yes No

If No.

Was household income verified by confirming the household's current monthly income? Note: If Using Monthly Income you must multiply it to determine annual household income.

For example, if the applicant provides income information for two months, you should multiply it by six to determine the annual amount.

Yes Nο

If a household qualifies based on monthly income, you must re-determine the household income eligibility every three months for the duration of assistance.

If No,

Was household income verified by self-attestation only because the tenant was unable to provide other documentation?

Note: If a household qualifies based on self-attestation, you must re-determine the household income eligibility every three months for the duration of assistance.

Yes No

Efforts must be made to collect documentation to verify income before self-attestations can be accepted as sole income verification documentation.

**Primary COVID-19 Financial Hardship:** (Circle One)

Qualifies for Unemployment

Reduction in Household Income

**Incurred Significant Costs** 

Was Any Adult in Household Unemployed for Last 90 days?

Yes No

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Monthly Unit Rent \$

Does this household receive a monthly federal subsidy (e.g., a Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance) and the tenant rent is adjusted according to changes in

No Yes

income?

If Yes,

Has the tenant requested an income recertification due to loss of income?

Yes No

Type of federal subsidy

(Circle if Applicable) Note: Other Subsidies must be approved by LIHTC

Housing Choice Voucher

Based Rental Assistance

Project-

Public Housing

Other

**DHCD BEFORE applying** 

January Rental Delinquency \$
February Rental Delinquency _\$
March Rental Delinquency _ \$
April Rental Delinquency \$
May Rental Delinquency \$
June Rental Delinquency \$
July Rental Delinquency \$
August Rental Delinquency _\$
September Rental Delinquency \$
October Rental Delinquency \$
November Rental Delinquency \$
December Rental Delinquency \$
Total Request \$
Total Months of Requested Assistance